

JUL 19 2004

PTO/SB/21 (04-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/828,548
	Filing Date	April 19, 2004
	First Named Inventor	Dale B. Schenk
	Art Unit	1814
	Examiner Name	To be assigned
	Attorney Docket Number	15270J-004747US
Total Number of Pages in This Submission		2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental ADS (1 page)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP
Signature	Rosemarie L. Colli (Reg. No. 42,367)
Date	July 19, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 873-9306 on July ____, 2004.	
Typed or printed name	Aubrett Baker
Signature	<i>Aubrett Baker</i>
Date	7/19/04

60284170 v1

RECEIVED
CENTRAL FAX CENTER
JUL 19 2004

NO.151 P.2

OFFICIAL

Supplemental Application Data Sheet

Application Information

Application number:: 10/828,548
Filing Date:: 04/19/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Title:: PREVENTION AND TREATMENT OF
AMYLOIDOGENIC DISEASE
Attorney Docket Number:: 15270J-004747US

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/322,289	05/28/1999
09/322,289	Continuation-in-part	09/201,430	11/30/1998
09/201,430	Application Claiming	60/080,970	04/07/1998
	Benefit Under 35		
	U.S.C. Section 119(e)		
09/201,430	Application Claiming	60/067,740	12/9/97-12/2/97
	Benefit Under 35		
	U.S.C. Section 119(e)		